

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/19/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRADLE OF HOPE ADOPTION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1629 K STREET, NW SUITE 317 WASHINGTON, DC 20006</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Initial Comments

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An annual licensure survey was conducted on 07/19/18. The survey findings were based on staff interview and the review of administrative records, as well as the review of four personnel records, four home study records, four post placement records and five board member records.

There were no deficiencies identified during the inspection. The Agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care and Services for Child-Placing.

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE